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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of: RICHARD T. HALISHAK

Serial No. 10/808,893

Group Art Unit: 2632

Filed: March 25, 2004

Examiner: LABBEES

For: MULTIPLE EMERGENCY VEHICLE ALERT SYSTEM

Docket No.: 16-451

### MAIL STOP NO FEE AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## SECOND AMENDMENT TRANSMITTAL

 Transmitted herewith is a response to an Office Action mailed April 20, 2006, for approval by examiner for this application.

#### **STATUS**

2. Applicant is

XX a small entity

other than a small entity.

#### **CERTIFICATE OF MAILING (37 CFR 1.8a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: "Mail Stop No Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450".

Yolonda S. Toth

(type or print name of person mailing paper

(signature of person mailing paper)

Date: Tuesday, July 18, 2006

# **EXTENSION OF TERM**

| 3.  | The p  | The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply. |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|---|--|--|--|---------------|---------------------------|-------------------|------------------|-----------------------------------|------------------|-------------------------|---|--|--|
|   |  |  |  | (             | complete (a)              | or (b             | o) as applic     | able)                             |                  |                         |   |  |  |
|   | (a) Applicant petitions for an extension of time for the total number of months checked below  |  |  |               |                           |                   |                  |                                   |                  |                         |   | hecked below:                                |  |
|   |  |  | [  | sion<br>hs) ( | Fee for<br>Other than Sma |                   | II Entity        |                                   | Fee For          |                         |   |  |  |
|   |  | ľ  | One-Month Two-Month Three-Month Four-Month |               |                           |                   |                  | 120.00                            |                  | 60.00                   |   |  |  |
|   |  | Ī  |  |               |                           | 450.00<br>1020.00 |                  |                                   | 225.00<br>510.00 |                         |   |  |  |
|   |  |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   |  |  |  |               |                           |                   | 1590.00          |                                   | 795.00           |                         |   |  |  |
|   |  |  | Fifth-Month                                |               |                           | 2160.00           |                  |                                   | 1080.00          |                         |   |  |  |
|   | Fee \$  If an additional extension of time is required please consider this a petition therefor.   |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   | If an a  | dditional ex   | tension of tin                             | ne is         | required ple              | ase c             | consider thi     | s a petition th                   | eref             | or.                     |   |  |  |
| (check and complete the next item, if applicable) |  |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   | An extension for months has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.   |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   | Extension fee due with this request \$ OR  |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   |  |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
|   | (b) XXX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
| 4.  | The fe   | e for claims   | s has been ca                              | ılcula        | FEE FO                    |                   |                  | S                                 |                  |                         |   |  |  |
|   |  | Remaining<br>mendment  | Highest No.<br>Previously<br>Paid For      |               | Present<br>Extra          |                   | Rate             | Small Entity<br>Additional<br>Fee |                  | Rate                    |   | Other Than<br>Small Entity<br>Additional Fee |  |
| Total   | 19   | MINUS  | 20   | =             | 0                         | Х                 | 25.00            |                                   | X                | 50.00                   | = |  |  |
| Indep.  | 5  | MINUS  | 5  | =             | 0                         | Х                 | 100.00           |                                   | Х                | 200.00                  | = |  |  |
|   |  |  |  |               |                           |                   |                  |                                   |                  |                         | Ш |  |  |
| F   | irst Pres  | entation of  | Multiple Dep                               | ende          |                           | Х                 | 180.00           |                                   | X                | 360.00                  | ╒ |  |  |
| *   | If the   | Highest N  | lo. Previous                               | ly Pa         | TOTAL<br>aid for in th    | nis sp            | s<br>bace is les | - OR -<br>ss than 20, e           | ente             | <i>Total</i><br>r "20". |   | \$ 0.00                                      |  |
| **  | If the Highest No. Previously Paid for in this space is less than 3, enter "3".  |  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
| (c)   | XX   | XX No additional fee is required OR  |  |               |                           |                   |                  |                                   |                  |                         |   |  |  |
| (d)   |  | _ Total a  | additional fe                              | e red         | quired                    | \$                | 0.00             | <del></del>                       |                  |                         |   |  |  |

|         |                     | FEE PA Attached is a check in the sum of                                 |  |  |  |  |  |  |  |
|---------|---------------------|--|--|--|--|--|--|--|--|
|         |                     | Charge Account No. <u>23-0630</u> in the                                 | sum of \$  |  |  |  |  |  |  |
|         |                     | Fee Def  | iciency  |  |  |  |  |  |  |
| 6.      | XXX                 | If any additional extension and/or fee charge Account No. <u>23-0630</u> | e is required, this is the request therefor and to   |  |  |  |  |  |  |
|         |                     | And  | /Or  |  |  |  |  |  |  |
|         | XXX                 | If any additional fee for claims is req                                  | uired, charge Account No. <u>23-0630</u> .   |  |  |  |  |  |  |
| Date:   | July                | 18,2006  | Stephun Schultz  |  |  |  |  |  |  |
| C       | ) 0                 | ·  | (Signature of Attorney)  |  |  |  |  |  |  |
| Registr | ation No.:          | 29,108   | Stephen J. Schultz (Type or Print Name of Attorney)  |  |  |  |  |  |  |
|         | one No.<br>ile No.: | 216/241-6700<br>216/241-8151   | WATTS HOFFMANN Co., L.P.A.<br>1100 Superior Avenue<br>Suite 1750<br>Cleveland, OH 44199-0839 |  |  |  |  |  |  |



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Title:

MULTIPLE EMERGENCY

VEHICLE ALERT SYSTEM

**Second Amendment** 

MS No Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the office action dated April 20, 2006, please amend this application as

follows:

I hereby certify that this paper is being deposited today with the U.S. Postal Service as 1st Class Mail addressed to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA